



Private Pre-school & Public K-8 Charter School in Paradise Valley

Montessori Academy Inc ♦ 6050 N Invergordon Rd ♦ Paradise Valley, AZ 85253 ♦ Voice 480-945-1121 ♦ Fax 480-874-2928

SMART Camp 2018 and Tutoring Programs

Student's Name: _____ DOB: _____

School Attending: _____ Grade (this Fall): _____

Siblings attending **SMART Camp**: _____

(circle or check the selections you wish to make)

- I am applying for **Toddlers SMART Camp*** (ages 18 months–3 years):
 - Half Day 8:30-11:30 \$900/month session, \$500/2-wk
 - Academic Day 8:30-3:00 \$1000/month session, \$550/2-wk
 - Full Day 7:00-5:30 \$1100/month session, \$600/2-wk
- I am applying for **Early Education SMART Camp*** (ages 3-6, toilet-trained):
 - Half Day 8:30-11:30 \$750/month session, \$400/2-wk
 - Academic Day 8:30-3:00 \$850/month session, \$450/2-wk
 - Full Day 7:00-5:30 \$950/month session, \$500/2-wk
 - SMART Camp Junior Counselors (7-8 year olds - limited space) 50% discount: _____
- I am applying for **Tutoring Programs**:
 - Individualized Academic Tutoring Available \$40/hour Call Montessori Academy
 - Lexia Online-At-Home Reading Program* \$100/2mos Call Montessori Academy

Student will attend the following sessions:

- Session 1 June 4 – June 15
- Session 2 June 18 – June 29
- Session 3 July 2 – July 13 (closed 7/04)
- Session 4 July 16 – July 27

----- Please complete Agreement -----

**SMART Camp 2018
and
Tutoring Programs**

AGREEMENT

Student's Name: _____

Parent Information (If separate households, please check parent to be billed/contacted.)

Parent #1 (name): _____ Cell# _____

Parent #2 (name): _____ Cell# _____

I/We understand that the provisions set forth in this enrollment application, together with the provisions of the current *Montessori Academy Parent Student Handbook*, which I/we have reviewed, constitute the enrollment contract in its entirety and that if the above-named student is accepted for enrollment in this program, I/we the undersigned expressly agree to the provisions of this contract.

I/We understand that tuition for these programs is paid in advance of the session(s). No Refunds will be available.

Parent Signature(s): #1 _____ #2 _____

Signature Date(s): _____

Comments/Special Instructions: _____

----- for office use only below this line -----

Student accepted by: _____ Date: _____

- Montessori Academy Enrollment form on file (Toddlers/EE)
- Emergency Information on file
- Pool Permission Slip signed and on file
- Tuition amount paid: Check _____ Credit Card _____ Cash _____
- Tuition billed for additional sessions
- MA Parent Student Handbook**, located online here www.montessoriacademyaz.org, has been read and acknowledged by parent(s).